



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION

SITE NUMBER

V

OH-000010143

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME <i>(City of) Cincinnati</i>		B. STREET (or other identifier) <i>3320 Mill Creek Road</i>	
C. CITY <i>Cincinnati</i>	D. STATE <i>Ohio</i>	E. ZIP CODE <i>45223</i>	F. COUNTY NAME

G. OWNER/OPERATOR (if known)		2. TELEPHONE NUMBER
1. NAME		

H. TYPE OF OWNERSHIP (if known)

1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

US EPA RECORDS CENTER REGION 5



421333

M. PREPARER INFORMATION		2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
1. NAME			



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION

SITE NUMBER

V

OH-000010148

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME <i>B & O Dump</i>		B. STREET (or other identifier) <i>Bectman & Springrove</i>	
C. CITY <i>Cincinnati</i>	D. STATE <i>Ohio</i>	E. ZIP CODE	F. COUNTY NAME
G. OWNER/OPERATOR (if known) 1. NAME		2. TELEPHONE NUMBER	

H. TYPE OF OWNERSHIP (if known)

1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)
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L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

M. PREPARER INFORMATION 1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
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